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**VHA PROGRAM GUIDE 1101.8**

**Department of  
Veterans Affairs**

**AMBULATORY CARE SERVICE**

**PROGRAM GUIDE**

**PREVENTIVE MEDICINE PROGRAM COORDINATOR**

**Veterans Health Administration  
Washington DC 20420**

## FORWARD

The purpose of this Program Guide is to provide some guidance to the medical centers as they develop functional statements for the preventive medicine coordinator. Each medical facility has designated an individual as the preventive medicine coordinator chosen from a group composed mainly of physicians, registered nurses, physician assistants, and administrative staff.

The Veterans Health Administration (VHA) has published VHA Handbook 1101.8, Health Promotion and Disease Prevention Program, describing the procedures necessary for conducting the Health Promotion and Disease Prevention Program mandated by Congress. This Program Guide is an extension of that Handbook.

A National Training Program for the Preventive Medicine Program Coordinators is to be conducted in Fiscal Year 1997. VHA Handbook 1101.8, and this Program Guide clarify the expectations, roles, and responsibilities of the individual serving in this capacity. In some areas they will encourage some standardization of the functional role of the Program Coordinator (without mandating confining or conflicting parameters). As the Preventive Medicine Program Coordinator position evolves, it is envisioned that the Preventive Medicine Program will become the cornerstone of primary care.

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## PREVENTIVE MEDICINE PROGRAM COORDINATOR

### 1. PURPOSE

This Program Guide is devised to provide a description of appropriate functions and skills of a Preventive Medicine Program Coordinator (PMPC) at the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) medical facility level. It provides suggested ways to implement VHA Handbook 110\1.8, Health Promotion and Disease Prevention Program; VHA Handbook 1101.8 rescinds M-2, Part IV, Chapter 9. This Handbook was developed to reflect current goals and innovations in the field of Health Promotion and Disease Prevention, and to present recommendations based on the January 1996 published guidelines from the United States Preventive Services Task Force (USPSTF).

### 2. BACKGROUND

Public Law (Pub. L.) 96-22 in June 1979, marked the origin of the national VA Preventive Medicine Program. Public Law 98-160, in November 1983, mandated program expansion and led to VA facilities designating a staff person as PMPC whose principal duty was to prepare information for an annual report to Congress. Over the years, responsibilities were expanded to facilitate activities in support of annual "Special Initiatives" that focused on a particular prevention topic. In the early 1990s four regional workshops offered training for PMPCs in prevention theory and practice, program assessment, and report preparation. In November 1992, Pub. L. 92-105 called for the creation of a VA National Center for Health Promotion and Disease Prevention. A major purpose of this new program is to support PMPCs through information sharing, training and national organizational initiatives.

***NOTE:** The primary care model being promoted within VA facilities presents opportunities and challenges for the PMPC to concentrate efforts toward health promotion and disease prevention in a discrete group of veterans for whom all medical services are provided. Reporting requirements now focus exclusively upon this group.*

### 3. PROFESSIONAL BACKGROUND AND CONTINUING EDUCATION

a. Since the PMPC must relate to health care professionals and understand the VA system of medical care, a Baccalaureate or Doctoral degree is advised. Examples of potential applicants for appointment as PMPC could be: Registered Nurses, Advanced Practice Nurses (i.e., Nurse Practitioners, Clinical Nurse Specialists), Physician Assistants, and Physicians. The PMPC is expected to maintain an active unrestricted professional registration and participate in continuing education activities appropriate for the license.

b. The position of PMPC requires on-going professional and scientific literature review to maintain a knowledge of current theoretical and practical application of scientific advances and positions in relation to preventive medicine activities. Occasional travel involving overnight stays may be required. The PMPC needs to expect to participate in televised and telephone conferences, and to become familiar with the material and requirements contained in VA

directives, manuals, and handbooks. Enhancing the skills and knowledge of PMPCs is a major concern of the Center which accordingly provides support with:

- (1) Education materials,
- (2) Training programs on strategies and tactics, and

(3) Continuous easy access to information via an Assistant Director for Field Liaison. **NOTE:** *The Assistant Director for Field Liaison may be reached at FTS 700-671-5880, or commercial 919-416-5880.*

#### 4. ATTITUDE

Central to the role of PMPC is a belief that preventive medicine makes a difference and that efforts in this field are equal if not more important than the treatment of disease. The PMPC needs to have energy and enthusiasm, and should want the position. The work requires a team player able to work with others. The PMPC needs to be comfortable serving as an advocate for health promotion initiatives and as a resource for patients and fellow health professionals.

#### 5. SKILLS

a. **Knowledge.** The PMPC needs to understand the VA's Health Promotion and Disease Prevention Program and ensure that local facility activities comply with VA policies and regulations. Beyond the technical expertise shared by all health professionals, specific areas of knowledge need to include:

- (1) Preventable causes of morbidity and mortality.
- (2) Pathophysiology of common preventable diseases.
- (3) Target groups for screening.
- (4) Cost-effectiveness as it relates to preventive medicine strategies.
- (5) Basic epidemiology and rate-based data analysis skills.
- (6) Barriers encountered by the provider and the patient when seeking to implement disease prevention strategies.
- (7) Skills in group and team communication are important. **NOTE:** *Information management and computer technology experience are of considerable value.*

b. **Service.** Depending upon the credentials of the PMPC, direct clinical care for individuals may be provided. However, the emphasis of this position needs to be to enable access by all veterans to services designed to promote health, to prevent the onset of disease, and to provide

the early detection and treatment of disease when it does occur.

## **6. REPORTING REQUIREMENTS**

An annual Congressional report is required based upon information provided by the PMPC. It is incumbent upon the PMPC that there be a clear understanding of the reporting requirements (including timeliness), and the significance of accurate information.

## **7. FACILITY ORGANIZATION**

a. The Preventive Medicine Program needs to have broad institutional support from the Chief of Staff (COS), Medical Center Director and Associate Chief of Staff (ACOS) for Primary Care/Ambulatory Care. Advocates of the program recognize that the facility Joint Commission on Accreditation of Healthcare Organizations (JCAHO) certification requires the presence of an effective Preventive Medicine Program. There needs to be an understanding that preventive medicine is an integral part of the continuum provided in the primary care model of health care delivery. Preventive medicine activities include screening, counseling, immunization, and wellness initiatives.

b. In most circumstances, the PMPC is professionally and administratively responsible and accountable to the ACOS for Ambulatory Care, ACOS for Primary Care, or COS.

c. The PMPC coordinates the provision of comprehensive health promotion and disease prevention services. The work requires self-direction in organizing and leading a team effort with representatives from programs including primary care, nursing service, social work, psychology, dietetics, generalists, sub-specialists, employee health, administration, etc.

d. The PMPC should expect to:

(1) Serve as liaison for the local Health Promotion Program with the facility, the network office, the Center, and VHA Headquarters.

(2) Coordinate public relations and advertising efforts including print, radio, and television medium.

(3) Collaborate with state and community agencies to develop and implement programs of health promotion and disease prevention.

(4) Develop and engage in a local Preventive Medicine Program that implements national and local policies.

(5) Promote relationships among and between patients, staff, and community that fosters open communication, information sharing, and education relative to preventive medicine issues and services.

(6) Establish a resource library of pertinent clinical and administrative publications reflecting

current preventive medicine strategies, goals, and objectives.

## **8. TEACHING**

The PMPC needs to have an interest in, and be willing to devote time and efforts toward developing and implementing both a formal and in-formal teaching program. The focus of the teaching opportunities should be dependent upon the participants. Along with veterans receiving care, staff, residents, and students representing multiple disciplines should be considered as the targeted student body. These activities are enhanced when coordinated with the facility ACOS for Education, the Nursing Service, and the Veterans Service Organizations.

## **9. CONSULTING**

The PMPC needs to be comfortable providing clinical guidance, information, and technical assistance not only to members of the administrative and professional staffs at their facility, but to other VA medical centers, network offices, and the community.

## **10. RESEARCH**

The emphasis placed upon evidence-based strategies mandates an ongoing research effort. The VHA system, because of its size, complexity, and sophistication, offers excellent opportunities to advance knowledge of health promotion and disease prevention initiatives. The PMPC is encouraged to collaborate in original investigations, and participate with other research endeavors expanding this knowledge.

## **11. OPTIONS TO CONSIDER IN FULFILLING THE ROLE OF PMPC**

Given the variability in skill, interest, and authority of PMPCs across the nation, it is useful to provide a suggested priority of tasks. First and foremost, the PMPC needs to seek to improve the health promotion and preventive medical services provided to veterans. Regarding specific additional tasks, the following are suggested:

a. Collection of information for the Congressional annual report requires specific knowledge and skill, yet occupies a small portion of the work year. Preparation of the report represents the minimum expectation for the role of PMPC. Associated with this requirement is an obligation to stay in contact with the staff of the VA National Center for Health Promotion and Disease Prevention throughout the year to assure proper performance when the report is submitted.

b. The PMPC with time and resources to shoulder additional responsibility needs to consider undertaking one or more elements listed under Facility Organization.

c. Teaching and consulting offer excellent opportunities for further expansion of PMPC function.

d. Research program participation merits PMPC consideration when all prior tasks have all been addressed.